

<b>Case Number:</b>	CM14-0059712		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37-year-old male who reported an injury on 08/17/2013. The mechanism of injury was trauma. His diagnoses include chronic pain syndrome, myofascial pain syndrome and low back pain. His previous treatments include medications, physical therapy and an LSO brace. Per the clinical note dated 02/03/2014, the injured worker indicated that he had nausea and headaches with tramadol, his pain had increased, and he was unable to fall asleep. His medications included Norco 10/325 mg, tramadol HCL 50 mg and Neurontin 300 mg. On physical examination, the physician reported a loss of normal lordosis with straightening of the lumbar spine. On palpation of the lumbar spine, the paravertebral muscles had spasms, and tenderness was noted on both sides. The lumbar facet loading was positive on the right side. Faber's test was positive. There was tenderness noted over the piriformis muscles on the right side and tenderness over the posterior iliac spine on the right side and on the sacroiliac joint. The physician's treatment plan included for the injured worker to discontinue the Neurontin and the tramadol and he was given new prescriptions for Cymbalta 30 mg and naproxen 550 mg. Per, the clinical note dated 04/04/2014, the physician reported that the injured worker continued to have low back pain secondary to myofascial pain syndrome and rated it as 8/10. The physician's treatment plan included a recommendation for a trial of pain management counseling. The current request is for pain management counseling 1 time a week times 4 weeks. The rationale provided was to improve function and reduce pain. The Request for Authorization was provided on 04/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Pain management counseling 1 time per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy Guidelines for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

**Decision rationale:** The California MTUS Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological interventions for chronic pain include setting goals, determining the appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function and addressing comorbidity mood disorders such as depression, anxiety, panic disorder and post-traumatic stress disorder. The guidelines also indicate that a consultation with a psychologist allows for screening, the assessment of goals and further treatment options, including brief individual or group therapy. The clinical documentation provided indicated that the injured worker continued to have complaints of chronic pain in his lower back. The guidelines indicate a consultation is the first step for pain management counseling to identify the appropriate treatment options. Therefore, in the absence of a psychological evaluation, the necessity of treatment weekly for 4 weeks cannot be established. As such, the request for pain management counseling 1 time a week times 4 weeks is non-certified.